

**Minutes of the**  
**RURAL HEALTH ADVISORY COMMISSION**

**Friday, November 6, 2009**  
**1:30 p.m. to 4:00 p.m.**

**NE DHHS – 220 Bldg., Conference Room LL-A**  
**220 S. 17<sup>th</sup> Street; Lincoln, Nebraska**

Members Present: Scot Adams, Ph.D., Kathy Boswell, Doug Dilly, M.D., Mark Goodman, M.D., Suzanne Greenquist, M.D., Shawn Kralik, D.D.S., Peggy Rogers, Rebecca Schroeder, Ph.D., Mike Sitorius, M.D., Sharon Vandegrift, RN, Roger Wells, P.A.– C.

Members Absent: Marty Fattig, Jackie Miller

Office of Rural Health Staff Present: Marlene Janssen, Mary Maahs Becker, Tom Rauner, Deb Stoltenberg

Guests: Don Frey, M.D., VP Health Sciences, Creighton University; Brenda McGinn, Bryan LGH Physician Recruitment Services

**1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of September 16, 2009, Meeting; Introduce Members and Guests**

Chairman Roger Wells called the meeting to order at 1:34 p.m. and announced that the Open Meetings Act and Agenda were posted by the door.

Dr. Mike Sitorius moved to approve the agenda. Dr. Doug Dilly seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig, Miller.

Dr. Scot Adams moved to approve the minutes. Dr. Doug Dilly seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig, Miller.

New member, Peggy Rogers introduced herself. Ms. Rogers stated that she is the long-term care administrator representative on the Rural Health Advisory Commission (RHAC). She is the administrator at Hillcrest Nursing Home in McCook, Nebraska.

Guests, members, and staff introduced themselves.

**2. Administrative Items**

- **Nominations for Chair and Vice-Chair**

Roger Wells stated that the Rural Health Advisory Commission must nominate each year from its members a chair and vice-chair.

Dr. Dilly nominated Dr. Rebecca Schroeder for chair and Dr. Shawn Kralik nominated Dr. Doug Dilly for vice-chair for 2010. Sharon Vandegrift moved to close nominations. Dr. Mark Goodman seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig, Miller.

Roger Wells stated that now a vote was needed to approve Dr. Rebecca Schroeder as chair and Dr. Doug Dilly as vice-chair of the Rural Health Advisory Commission for 2010. Voting in favor: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig, Miller.

- **Schedule 2010 Meeting Dates**

Marlene Janssen announced that the Rural Health Advisory Commission needs to meet at least 4 times each year. After some discussion, members agreed on the following meeting dates for 2010: February 26, 2010 in Lincoln; June 18, 2010 in Lincoln; September 15, 2010 in Kearney; and November 12, 2010 in Lincoln.

- **Nebraska Workforce Study Project (UNMC)**

Roger Wells referred members to the report, "A Critical Match" in their packets. The study was published by the UNMC Nebraska Center for Rural Health Research and included the following recommendations:

- *"Create a state health workforce center.*
- *Support targeted ongoing data collection to monitor the health workforce and future requirements.*
- *Support an enhanced focus on interdisciplinary, team-based approaches aimed at both education and the provision of services.*
- *Proactively address health provider shortages and mal-distribution at the state level through the development of comprehensive health workforce criteria and shortage designations.*
- *Expand the role of pipeline programs aimed at provider shortage areas, and primary care.*
- *Increase funding for current debt relief programs aimed at recruitment and retention of health care professionals.*
- *Establish new, and streamline existing, community partnerships aimed at health workforce development."*

Mr. Wells asked that the commission consider starting a forum with individuals from various health organizations to address and implement some of the recommendations identified in the report. Dr. Mike Sitorius commented that the challenge will be who to invite and who will be

offended if not invited to join the forum; but it's worth a try. Dr. Rebecca Schroeder stated that at the legislative confirmation hearing this morning the Health and Human Services Committee encouraged the Rural Health Advisory Commission to take more of an advocacy role. According to Dr. Schroeder, Senator Gay suggested that the commission look at what is needed and ask the Legislature for assistance.

### **- Nebraska Healthcare Workforce Solutions 2020**

Roger Wells lead the discussion of the workforce study to his proposal to create a group to work on solutions. Given the comments made by the HHS Committee, Dr. Sitorius stated that the Commission has been somewhat restrained by the Department of Health and Human Services in the past but we are now being directed by the HHS Committee to take more of an advocacy role. The Legislature is looking at the Rural Health Advisory Commission for direction and the commission needs to step up and provide that advice and make recommendations. Sharon Vandegrift agreed and said it is time for the commission to work with others on solutions to the recommendations identified in the workforce study.

Mr. Wells asked for a motion so that he can represent the RHAC and create this group. Dr. Mike Sitorius moved to have Roger Wells represent the RHAC and create a Nebraska Healthcare Workforce Solutions 2020 group. This would be an ad hoc committee to research and identify and/or develop models to advance rural healthcare solutions in Nebraska. Dr. Doug Dilly seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig, Miller.

Dr. Sitorius suggested that Roger Wells have an agenda prior to getting the group together. He suggested that Mr. Wells think about what we want to accomplish, ideas that might fit into the recommendations and take thoughts from attendees to develop a plan or implementation strategy.

Dr. Rebecca Schroeder asked Roger Wells to clarify the RHAC's role in this ad hoc committee. Mr. Wells explained that he would basically be the convener and work with representatives from other healthcare organizations. Recommendations and strategies would then be presented back to the RHAC for support.

Jackie Miller arrived at 2:04 p.m.

## **3. Primary Care Office Report**

### **- National Health Service Corps Loan Repayment Update**

Tom Rauner reported that he has been trying to get the names and locations of health professionals in Nebraska receiving National Health Service Corps (NHSC) loan repayment. Mr. Rauner stated that while he is supposed to be the NHSC partner in Nebraska, he has had to use the Freedom of Information Act in order to try to obtain this information. This impacts the Nebraska Loan Repayment Program because we try to use the federal program first and then the state program to maximize funds. Recipients practicing under obligation from one program are

not eligible to receive benefits from the other program until their practice obligation is completed.

- **Nebraska Family Practice Survey**

Tom Rauner reported that the Office of Rural Health did a Nebraska Family Practice Survey recently. Approximately 750 family practice physicians were sent surveys. The response rate was about 50 percent. Mr. Rauner stated that preliminary findings indicate the average debt of new family practice physicians is around \$125,000. This compares to about half that amount 20-30 years ago. Based on responses to retention issues, approximately 70% of the respondents indicated they were planning to stay in their current practice area 7 or more years. Tom Rauner said that he is also looking at retention by population of area. Most of the areas currently recruiting are the more isolated rural areas.

**4. Legislative Update**

- **Special Legislative Session**

Marlene Janssen provided a handout to the commission members concerning the rural health incentive program budget. The current fiscal year appropriation for the rural incentive programs includes \$362,068 in general funds and \$1,544,016 in cash funds. Since FY2007-08 state general funds have been reduced by \$300,000 *per year* with an additional increase in cash spending authority to *spend down the cash funds collected from over 25 years of student loan contract buyouts*. Ms. Janssen emphasized that in the past student loan buyouts were about 50% of all student loans; however, now, due to administrative changes and procedures, these student loan buyouts are closer to 30%. This means we are not collecting as much cash and that approximately 70% of student loan recipients are serving their practice obligation, which is the purpose of the rural student loan program. Marlene Janssen also stated that cash spending authority is needed for the “local match” funds for loan repayment. That means that whatever the Rural Health Advisory Commission awards for loan repayment in state funds we have to have an equal amount of cash spending authority for the local match funds.

Marlene Janssen reported that since 1994, no new general funds have been appropriated for the rural incentive programs yet the programs have been expanded 5 times since then.

July 1, 2008, the Legislature added \$250,000 per year for 4 years in cash plus \$500,000 in cash spending authority (\$250,000 state match and \$250,000 local match) to help address the loan repayment waiting list. This cash is from the Merck settlement. Once these funds are gone the rural incentive programs will need additional funding to maintain the same number of health professionals under practice obligations. If funding is not available the number of health professionals in the rural incentive programs will decrease.

Marlene Janssen stated that the Rural Health Advisory Commission has already obligated the general funds for FY2009-10. If these funds are cut during the Special Session we will use the cash funds but this may result in fewer awards this year and the depletion of the cash funds sooner than later. Ms. Janssen stated that the rural incentive programs are unlike any other state

programs and when the Legislature or Governor's office looks at the budget they see \$1.9M not \$1.1M in state funds and \$800,000 in cash spending authority for local match (non-state) funds.

Dr. Rebecca Schroeder clarified that what the commission needs to recommend to the Legislature is that any cuts to the program should come from the "state funds" not the cash spending authority for the local match funds. Dr. Doug Dilly moved to have Roger Wells send a letter to the Legislative Appropriations Committee on behalf of the Rural Health Advisory Commission explaining the rural incentive program and impact of an "across the board" cut. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Abstained: Adams, Miller. Absent: Fattig.

Dr. Sitorius added that disrupting the pipeline by not funding student loans or loan repayment for a year will have a devastating effect on future rural health professionals. Marlene Janssen stated that she gets phone calls asking if money is available. If money is currently not available people don't apply. Ms. Janssen said that she tries to tell them to apply so the Legislature can see there is a demand for the programs. Dr. Suzanne Greenquist added that she has heard residents say they were told by communities that it's not worth applying for the state loan repayment program because funding may not be available and it's too much work and we don't want to have to deal with it. In these situations, the community will say, "here is what we will give you." Dr. Greenquist said this tends to be what the larger rural communities will say but the smaller communities don't have the resources to offer the amounts larger communities can. Marlene Janssen mentioned that since the inception of the Nebraska Loan Repayment Program it took about 18-24 months to get the program started even though funding was appropriated the first year.

#### **- Follow-up on Tax Relief Legislation**

Dr. Rebecca Schroeder reported on behalf of Marty Fattig that any state tax relief legislation will be difficult to get passed in 2010 given the current state revenue shortfall. The federal legislation will probably be amended onto another bill. If the federal bill passes the state legislation will be a moot point.

Dr. Schroeder reported that the "provisional license" Medicaid issue affects all provisionally licensed health care providers not just mental health. Senator Flood may introduce legislation to allow Medicaid payments to provisionally licensed providers in counties of 15,000 or less population.

#### **- HIT Policy Committee (Washington D.C.)**

Roger Wells stated that since Dennis Berens was absent, this report would be skipped.

### **5. Program 175 – Rural Incentive Programs**

#### **- Loan Repayment Awards Update**

Marlene Janssen reported that Nealy Neukirch, P.A. (Kimball County) left Nebraska so his application for loan repayment is being withdrawn.

- **Review Current Budget and Future Needs**

This was discussed under item 4.

- **Accounts Receivable Report**

Marlene Janssen reported on the following student loans and loan repayment buyouts and defaults:

Student Loans:

Rachel Blake, M.D. – current  
Theresa Buck – current  
Cari Brunner – 60 days behind  
Nicole Mitchell, M.D. – court action has been started  
Stacy Schmitz, D.D.S. – current  
Les Veskrna, M.D. – current  
Nick Woodward, D.D.S. (Ped) – 1<sup>st</sup> payment due January 1, 2010

Loan Repayment:

Manda Clarke, APRN – current  
Kari Galyen, M.D. – working less than 20 hours per week as of 11/21/09  
1<sup>st</sup> payment due March 1, 2010  
Heath Grames, LMHP – paid-in-full  
Kelley Hanau, APRN – 30 days behind  
Katie Lawson, P.A. – current  
Jessica Liesveld, APRN – 1<sup>st</sup> payment due January 1, 2010  
Richard Michael, M.D. – current  
Lisa Stenvers, P.A. – current

- **Annual Report**

Roger Wells reported that the annual report will be postponed due to Marlene Janssen's medical leave.

**6. CLOSED SESSION**

Dr. Doug Dilly moved to go to closed session at 2:39 p.m. Dr. Scot Adams seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Miller, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig.

Roger Wells announced that the commission would go to closed session to discuss loan repayment applications, student loan recipient's request, and student loan recipient's documentation of practice hours. Mr. Wells asked visitors to please leave the room.

## 7. OPEN SESSION

Dr. Mike Sitorius moved to go to open session at 3:00 p.m. Dr. Doug Dilly seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Miller, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig.

Dr. Mike Sitorius moved to place all loan repayment applications, except Dr. Geriann Dillender's application, on the waiting list to await the results of the special legislative session. Dr. Suzanne Greenquist seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Miller, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig.

Dr. Mark Goodman moved to request addition information concerning Dr. Geriann Dillender's practice. Dr. Doug Dilly seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Miller, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig.

Dr. Mike Sitorius moved to approve Dr. Mary Metschke's request to change the buyout terms of her student loan contracts. Dr. Doug Dilly seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Miller, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig.

Dr. Mark Goodman moved to request better documentation, such as documented billing hours from insurance companies from Joan Yekel and request that she attend the next Rural Health Advisory Commission meeting to explain her practice hours. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Adams, Boswell, Dilly, Goodman, Greenquist, Kralik, Miller, Rogers, Schroeder, Sitorius, Vandegrift. NO: None. Absent: Fattig.

## 8. Other Business

- **Update on Medical Training Residency and Recruiting**
- **Future of Medical Graduates in Rural Health**

Dr. Mike Sitorius provided handouts on medical education and the future of primary care. Since 1999, there has been a 0.4% decline in primary care residents, a 9% increase in specialty residents, and a 24% increase in fellowships. From 1998 to 2006, residency slots have decreased by 52% for family practice; 18% general internal medicine; 16% obstetrics/gynecology; and 4% general surgery. Residency slots have increased during this same time period for dermatology, emergency medicine, diagnostic radiology, pathology, and anesthesiology. Dr. Sitorius suggested that the commission members read the findings and recommendations in these handouts. Dr. Sitorius pointed out that the perception of poorly controllable lifestyle (personal time free of practice requirements) is one of the factors keeping physicians from pursuing primary care specialties along with student debt and expected income.

Jackie Miller left at 3:09 p.m.

Scot Adams left at 3:12 p.m.

- **Other**

Marlene Janssen stated that she received an email concerning pre-authorization for certain procedures under Medicaid and asked how this impacts rural health. Roger Wells addressed the issue and stated that if a patient is seen in the emergency room and needs additional tests these tests can be documented as an emergency and authorized.

**9. Adjourn**

Dr. Mark Goodman moved to adjourn at 3:22 p.m. (no seconded required). Motion carried.  
YES: Boswell, Dilly, Goodman, Greenquist, Kralik, Rogers, Schroeder, Sitorius, Vandegrift.  
NO: None. Absent: Adams, Fattig, Miller.